

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/914735

**CLAIMS**

	AS FILED.		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1							61					
2							62					
3							63					
4							64					
5							65					
6							66					
7							67					
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33							93					
34							94					
35							95					
36							96					
37							97					
38							98					
39							99					
40							100					
TOTAL							TOTAL					
TOTAL							IND.					
TOTAL							DEP.					
CLAIMS							TOTAL					